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DEC -9 2010

December 8, 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Gayle Neuman, Property & Casualty Compliance Unit
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767-0001

FILED

FEB 07 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RE: THE MEDICAL PROTECTIVE COMPANY- NAIC #11843
COMPANY FILE NO: 11-CRNA-02
COMPANY FEIN NO: 35-0506406
ILLINOIS HEALTHCARE PROFESSIONAL LIABILITY PROGRAM
OCCURRENCE PROGRAM

Add Occurrence Prior Acts Convertible Extended Reporting Coverage Rating Plan Rule
Add Occurrence Per Diem Coverage Rating Plan Rule

EFFECTIVE DATE: February 1, 2011

Dear Ms. Neuman:

RATE/RULE CERT REG. NURSE ANESTHETIST

The Medical Protective Company hereby submits for your review and consideration the above-captioned rule filing applicable to its Illinois Healthcare Professional Liability program. The company requests **February 1, 2011**, as the effective date for this submission.

The company reports its statistics to ISO.

Please find enclosed the required filing forms, actuarial certification and a self-addressed stamped envelope. Upon completion of your review, would you please stamp the duplicate copy of this submission and return it to us in the envelope provided.

Should you have any questions regarding this filing, please contact me. Thank you.

Sincerely,

Melissa Millican

Melissa Millican, Paralegal
The Medical Protective Company
5814 Reed Road
Fort Wayne, IN 46835-3568
(800)-348-4669, ext. 6838
(260)-486-0733 (fax)
melissa.millican@medpro.com

Enclosures

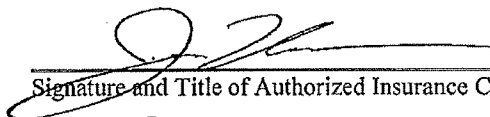
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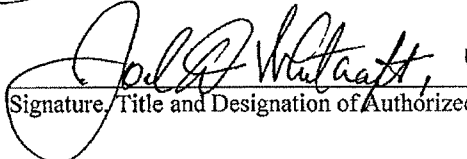
ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Jim Kunce, a duly authorized officer of The Medical Protective Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Joel Whitcraft, a duly authorized actuary of The Medical Protective Company am authorized to certify on behalf of The Medical Protective Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 SVP & Chief Actuary 12/08/2010
Signature and Title of Authorized Insurance Company Officer Date

 VP & Actuary, CRCU, ARE 12/08/2010
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 35-0506406 Filing Number 11-CRMA-02

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail Melissa Millican

melissa.millican@medpro.com

-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 02/01/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>11.0 - Healthcare Professional</u>	<u>\$ 0</u>	<u>0%</u>
Line of Insurance <u>Liability</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The filing includes a new rule for the Healthcare Professional Liability Program. There is no rate impact. The associated forms are submitted under a separate cover via SERFF. (11-CRNA-), State Tracking # MDPC-126924224.

This is a new program, as such, the premiums, losses and expenses for the program are \$0.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

The Medical Protective Company

Name of Company

Angela Adams, Counsel & Assistant Secretary

Official - Title

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Neuman, Gayle

From: Millican, Melissa [Melissa.Millican@medpro.com]
Sent: Tuesday, February 08, 2011 8:31 AM
To: Neuman, Gayle
Subject: RE: Medical Protective Company - Rate/Rule Filing #11-CRNA-02

Hi Ms. Neuman,

No the company did not put the filing into effect on February 1, 2011, we can use the effective date of 2/7/11 for the referenced filing.

Thank you,
Melissa

From: Neuman, Gayle [mailto:Gayle.Neuman@illinois.gov]
Sent: Tuesday, February 08, 2011 9:25 AM
To: Millican, Melissa
Subject: Medical Protective Company - Rate/Rule Filing #11-CRNA-02

Ms. Millican,

The Department of Insurance completed its review of the filing referenced above on February 7, 2011. Originally, Medical Protective Company requested the filing be effective February 1, 2011. Was the filing put in effect on February 1, 2011 or do you wish to have a different effective date?

Your prompt response is appreciated.

Gayle Neuman

Illinois Department of Insurance
Property & Casualty Compliance
(217) 524-6497

Please refer to the Property & Casualty Review Checklists before submitting any filing. The checklists can be accessed through the Department's website at www.insurance.illinois.gov.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: GAYLE.NEUMAN@ILLINOIS.GOV.

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

CERTIFIED REGISTERED NURSE ANESTHETIST PRODUCT

EXPLANATORY MEMORANDUM

The Medical Protective Company (MedPro) submits for your review and consideration the attached rule filing for the Company's stand-alone Certified Registered Nurse Anesthetist (CRNA) Product.

PRIOR ACTS CONVERTIBLE EXTENDED REPORTING COVERAGE RATING PLAN

The Company wishes to introduce the Prior Acts Convertible Extended Reporting Coverage Rating Plan for its Occurrence Program. This rule outlines conditions which, when met, allow the insured to convert from claims made to occurrence coverage. Once such conditions are met, the Company will issue a Prior Acts Convertible Extended Reporting Endorsement, which covers services subsequent to the scheduled retroactive date and prior to the Prior Acts Convertible Extended Reporting Endorsement's effective date. This rule is consistent with the countrywide format.

PER DIEM COVERAGE RATING PLAN

The Company wishes to introduce the Per Diem Coverage Rating Plan for its Occurrence Program. This rule outlines the rates and conditions for which an insured may purchase Per Diem coverage for specified the number of hours worked must take place during a stated month/period and will be used in lieu of part time rating which is designed to rate coverage based upon restricted number of hours worked over an annual policy term. This rule is consistent with the countrywide format.

THE MEDICAL PROTECTIVE COMPANY
CERTIFIED REGISTERED NURSE ANESTHETIST PRODUCT
ACTUARIAL MEMORANDUM

The Medical Protective Company (MedPro) respectfully submits support for its new Certified Registered Nurse Anesthetist (CRNA) Per Diem Coverage Plan. The attached exhibit outlines the derivation of the charge associated with this plan.

RATE DEVELOPMENT:

The Medical Protective Company has partnered with the American Association of Nurse Anesthetists (AANA) to review their current program's rate, rule structure and coverage offerings. The proposed rule responds to needs within the CRNA community. The rate development reflects expert input from the AANA in combination with MedPro's actuarial analysis of this information.

EXHIBIT 1: PER DIEM RULE

The exhibit outlines the calculations underlying the proposed daily, weekly and monthly charge for the temporary assignment of a CRNA at a facility/practice. There are approximately 36,000 CRNAs in the United States. These CRNAs administer 65% of the nearly 26,000,000 anesthetics given to patients each year. This means that the typical CRNA administers approximately 2 anesthetics per day in the course of normal practice [calculations (1) to (7)].

The rate of administration in a temporary placement will likely be significantly higher than that of a normal day. That is due to the type of facilities most likely to employ a CRNA in this capacity. The most likely employment opportunities will come from that high capacity/ volume practices such as surgi-centers. For example, it would be extremely unlikely that a ENT Surgi-center placing tubes in children's ears would go without a CRNA for any duration of time.

The facilities most likely to hire a "temporary" CRNA often perform quick procedures (less than one hour) and involve multiple (back to back) anesthetic events during one shift. Line 12 of the exhibit outlines an estimate of the number of procedures performed during a temporary placement. A longer placement should have a number of procedures that is more in line with the national average. As such, the estimated number of daily procedures decreases as the duration of the assignment increases.

Another component of risk is the nature of temporary assignments. The CRNA is often entering a facility that they have never been in before and working with surgeons and other medical professionals that they have never worked with before. This increases the risk of miscommunication, mishaps due to equipment placement and operating room procedures. Additionally, the CRNA is not using their "normal" equipment. All of these elements increase the liability risk of the CRNA. Line 16 adjusts the rate due to this additional risk. The final indicated rates are on line 19 of the exhibit.

It is our opinion that the rates are reasonable for the risk being contemplated.

THE MEDICAL PROTECTIVE COMPANY

ILLINOIS

Exhibit 1 Per Diem Rule

A) Annual 1M/3M Occurrence Rate	\$7,313
B) Fixed Cost of Underwriting and Policy Issuance	\$75
C) Annual 1M/3M Occurrence Rate less Fixed Cost	\$7,238

(1) Total U.S. Anesthesia Procedures	26,000,000
(2) Percent Administered by CRNAs	65%
(3) Total CRNA Procedures [(1)x(2)]	16,900,000
(4) Total CRNAs	36,000
(5) Average Annual Procedures [(3)/(4)]	469
(6) Number of Days per Year [48 weeks x 5 days]	240
(7) Procedures per Day [(5)/(6)]	1.96
(8) Cost per Procedure [(C)/(5)]	\$15.4

	<u>Daily</u>	<u>Weekly</u>	<u>Monthly</u>
(9) Cost per Procedure [Line (8)]	\$15.4	\$15.4	\$15.4
(10) Procedures per Day [Line (7)]	1.96	1.96	1.96
(11) Increased Utilization	4.0	2.5	1.5
(12) Adjusted Procedures per Day [(10)x(11)]	8	5	3
(13) Number of Days	1	5	22
(14) Number of Procedures in Temporary Placement [(12)x(13)]	8	24	65
(15) Cost [(9)x(14)]	\$120	\$377	\$994
(16) Risk Adjustment	100%	100%	100%
(17) Indicated Rate [(15)x{1.0+(16)}]	\$241	\$753	\$1,988
(18) Fixed Cost of Underwriting and Policy Issuance	\$75	\$75	\$75
(19) Indicated Cost [(17)+(18)]	\$316	\$828	\$2,063
(20) Selected Cost	\$200	\$500	\$1,100

The
Medical Protective Company

Fort Wayne, Indiana 46835

Professional Protection Exclusively Since 1899

FILED

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

**PRIOR ACTS CONVERTIBLE EXTENDED REPORTING
COVERAGE RATING PLAN**

INSUREDS SHALL BE PROVIDED THE OPTION, SUBJECT TO UNDERWRITING GUIDELINES, TO CONVERT FROM CLAIMS MADE TO OCCURRENCE COVERAGE. THE INSURED SHALL BE ELIGIBLE FOR SUCH CONVERSION ONLY AFTER THE FOLLOWING CONDITIONS HAVE BEEN MET:

- 1) INSURED HAS MAINTAINED CONTINUOUS CLAIMS MADE COVERAGE BACK TO THE INSURED'S CURRENT IN-FORCE CLAIMS MADE POLICY'S RETROACTIVE DATE.
- 2) INSURED HAS NO GAPS IN COVERAGE BETWEEN THE EXPIRATION DATE OF THE INSURED'S IN-FORCE CLAIMS MADE POLICY AND THE INSURED'S REQUESTED EFFECTIVE DATE FOR OCCURRENCE COVERAGE FROM THE COMPANY.
- 3) INSURED'S PAYMENT TO THE COMPANY OF THE APPLICABLE PREMIUM FOR AN ANNUAL OCCURRENCE POLICY.

The
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Fort Wayne, Indiana 46835
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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

**PRIOR ACTS CONVERTIBLE EXTENDED REPORTING
COVERAGE RATING PLAN**

AT THE TIME THE AFOREMENTIONED CONDITIONS ARE MET, AND THE INSURED ELECTS TO PURCHASE OCCURRENCE COVERAGE, THE COMPANY WILL ISSUE A SHARED LIMIT PRIOR ACTS CONVERTIBLE EXTENDED REPORTING ENDORSEMENT, COVERING SERVICES SUBSEQUENT TO THE SCHEDULED RETROACTIVE DATE AND PRIOR TO THE PRIOR ACTS CONVERTIBLE EXTENDED REPORTING ENDORSEMENT'S EFFECTIVE DATE. THERE IS NO PREMIUM CHARGE FOR THIS COVERAGE.

SHOULD THE INSURED BE UNABLE TO MEET THE ABOVE CONDITIONS FOR CONVERSION, THE INSURED MAY ELECT TO PURCHASE AN EXTENSION CONTRACT ENDORSEMENT OR A PRIOR ACTS ENDORSEMENT. REFER TO THE EXTENSION CONTRACT RULE OR PRIOR ACTS RULE TO DETERMINE THE APPLICABLE PREMIUM.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

PER DIEM COVERAGE RATING PLAN

INDIVIDUAL CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S),
AND THEIR SOLO CORPORATIONS, SHALL BE PROVIDED THE OPTION,
SUBJECT TO UNDERWRITING GUIDELINES, TO PURCHASE PER DIEM
COVERAGE PURSUANT TO THE FOLLOWING CONDITIONS:

- 1) THE APPLICANT MUST COMPLETE AN APPLICATION AND SUBMIT IT
TO THE COMPANY FOR APPROVAL PRIOR TO THE REQUESTED
EFFECTIVE DATE OF COVERAGE.
- 2) PER DIEM PREMIUM IS FULLY EARNED FOR EACH REQUESTED
COVERAGE TERM.

THE ADDITION OF SOLO CORPORATION PER DIEM COVERAGE WILL NOT
OPERATE TO PROVIDE ADDITIONAL LIMITS OF LIABILITY PER CLAIM
FILED OR ANNUAL AGGREGATE BEYOND THE STATED LIMITS OF THE PER
DIEM INDIVIDUAL POLICY.

The
Medical Protective Company
Fort Wayne, Indiana 46835
Professional Protection Exclusively Since 1899

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FEB 07 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS

HEALTHCARE PROFESSIONALS

CERTIFIED REGISTERED NURSE ANESTHETIST

OCCURRENCE PROGRAM

PER DIEM COVERAGE RATING PLAN

PER DIEM RATES	
PER DAY	\$200
PER WEEK	\$500
PER MONTH*	\$1,100

* UP TO 31 DAYS

NO OTHER PREMIUM MODIFICATIONS ARE TO APPLY CONCURRENT WITH
THIS RULE EXCEPT FOR SCHEDULE RATING MODIFICATIONS.